8029

CERTIFICATE OF DEATH

Reg. Dist. No.

08012

	40.0				
1. PLACE OF DEATH a. COUNTY	3	MARYLAND	2. USUAL RESIDENCE (When o. STATE Maryl	h COUNTY	ion. Residence before admission) Baltimore
	Nard (If outside corporate limits, w	rile c. LENGTH OF STAY IN 16			CURAL and give nearest town)
RURAL and give r	learest town)				
	cott City	7 days	Relay	03.,	51-2
OR INSTITUTION	TAL (If not in hospital, give s	itreet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Tar	vlor Manor H	ospital	4938 Haz	el Ave.	YES NO
3. NAME OF DECEASED (Type or print)	First Charle	Middle es Philip	Damast Sr.	4. DATE Mor	0 6
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	1 1 1	DOWED DIVORCED	12/21/16	last birthday) 42 yrs	Months Days Hours Min.
100. USUAL OCCUPATI	ON (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
	ry engineer	Calvert Dist	ill Baltimo	re. Md.	U.S.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	-
FA	EP. W.	DAMAST	MA	PELINE	COOK
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?		INFORMANT	mark St if	1938 Hazel Eve
18. CAUSE OF DE	ATH [Enter only one couse	per line for (a), (b), and (c).]			INTERVAL BETWEEN
	ATH WAS CAUSED BY:		in-stem damag	A	ONSET AND DEATH
3222	IMMEDIATE CAUSE (o)	nearlary bro	III-boom damag	9	Juayo
3000,00	DUE TO	Acute Brain Syn	drama dua ta	alaahaliam	7 40
Conditions, if a	immediate (acute brain by	drome due to	alconorism	7 days
cause (a), stating lying cause last.	the under-				
	- (-/	ONS CONTRIBUTING TO DEATH RE	IT NOT RELATED TO THE TERMIN	ALDISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY
CATA		Pneumonia			PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING 1 206 CAUSE OF DEATH (MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Pa	ort t or Part (I of item 18.)	
20c. TIME OF INJU			LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or Iown)	(County) (State)
Hour a.m.		While Not while I all work at work	ociory, sireer, dirice ologi, elc.)		
21. I certify to	hot I oftended the de				that I lost saw the decease
dive on	20-	1202 Ond into deol		DDRESS (Street, city or lown,	
ACTUAL SIGNATURE	Deceny)	5. To . C.		nor Hospital	
PHYSICIAN'S NAME (Type)	Irving J. Ta	ylor, M.D., Tay	lor Manor Hos	pital, Ellic	ott City, Md.
220. BURIAL, CREMATING REMOVAL (Specify	9N, 22b. DATE THEREOF	19 Bulow	Sark Com.	22d. LOCATION (City, town,	or county) (State)
23. FUNERAL DIRECTO	'S SIGNATURE	ADDRESS	240. REC'D		ISTRAR'S SIGNATURE
- truler	1 marcalla	. 11	1 PO CUTE ALL	r 2 1EQ C	1 11 a P House

in 24 hours after death, Page 4 may be retained by the hospital . Cending physician.

TO FUNERAL PECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 show be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 or should be filed with the registror prior to burial, cremation, or removal, and in any event within 72 hours, after death. IAN: The law requires that the death certificate be executed TO HOSPITAL OR ATTENDING PI

VS A15 (4)

CERTIFICATE OF DEATH 754

TO HOSPITAL OR ATTENDING PHY

MOSFITAL May be retered to 100/24 12 12 10 10/24

ARYLAND :	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
-----------	------------------	----------------------	----

8030 CERTIFICATE OF DEATH

M

08013

	000	0			• •		Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY H OWARD		MARY	LAND 2.	USUAL RESIDENCE (M STATE Maryland	Vhere decease	d fived. If instituti b. COUNTY	on: Residence	
b. CITY OR TOWN (If outside or RURAL and give nearest town Brookeville.,	(Rure	->	IN 1b	c. CITY OR TOWN (IF			ural)	ve nearest lown)
d. NAME OF HOSPITAL (IF not i OR INSTITUTION	n hospital, give s	Ireet oddress)	1	d. STREET ADDRESS				e. IS RESIDEN ON A FAR YES T NO
3. NAME OF DECEASED (Type or print)	First CARE	Middle LEE		ESTEP	4. DATE OF DEATH	Mon Ju]		Day Year 28, 19
Female Colo	red wit	MARRIED NEVER MARRIED	D J	ATE OF BIRTH An. 27, 18		9. AGE (In years lost birthdoy) yrs.		YEAR IF UNDER 24 Days Hours A
10o. USUAL OCCUPATION (Give kind during most of working life, ev Domestic	nd of work done en if retired)	106. KIND OF BUSINESS O	OR INDUSTRY	11. BIRTHPLACE (Slot Marylan		ountry)		S. A.
13. FATHER'S NAME	e Wise		14	MOTHER'S MAIDEN		y Green		
15. WAS DECEASED EVER IN U. S. (Yes, no. or unknown)	ARMED FORCES? or or dates of service	16. SOCIAL SECURITY NO		oy Estep.	Silver	Spring,		oute # 1
Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	AUSED BY: TE CAUSE (o) DUE TO (b) DUE TO (c)	Cerebrovas	scular					ONSET AND DEA
CAT		DESCRIBE HOW INJURY OF					EN IN PART	PERFORMED YES NO
20c. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL E 20c. TIME OF INJURY Manth, Hour o. m. p. m.	Day, Year 2	DESCRIBE HOW INJURY OF	20e. PLACE (OF INJURY (Home, far street, office bldg., et	m, 20f. (Cily		(Co	unty) (S
ACTUAL Charles Charles	us 5- 2	leased from July 1959, and that live atre, hitaker, M.	M.D.	, 19 59, to L urred ollo:00 Clarks	ADDRESS (SI	n the causes a reet, city or town,	nd on the	st sow the dece dote stated a DATE S 7-28-5
	/2/59	Hopkin				ion (City, town, o		(State)
23. FUNERAL DIRECTOR'S SIGNATU	Sur	ADDRESS ROCKVILLE	, Md.	24a. REC	UG 5	RAR 24b. REGIS	THAR'S SHOP	ATUREA

NITAGO SO STADHINED PERIN

VS A15 (4) 15M f0/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8031 CERTIFICATE OF DEATH

08014

		191 CEKIIFICA	AIE OF DEATH	Reg. Dis	st. No.
o. COUNTY HOWS	rd	MARYLAND	2. USUAL RESIDENCE (When a. STATE Md.	re deceased lived. If institution: Resident b. COUNTY HOWE	
B. CITY OR TOWN (If at RURAL and give nears Ellicott Ci	utside carporate limits, w ist town} ty	write c. LENGTH OF STAY IN 16		tside carparate limits, write RURAL and (ott City	give nearest lawn)
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give	. 16	d. STREET ADDRESS JO	ohn's Lane	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	First Harr	y E.	Foster	4. DATE Month OF July 20,	1959 Year
SEX 6	W 49 A 4	MARRIED NEVER MARRIED	B. DATE OF BIRTH 12-6-1892	9. AGE (In years IF UNDER last by thday) Wanths	1 YEAR IF UNDER 24 HR Days Hours Min.
during most of working Farmer	(Give kind of work dane life, even if retired)	e 10b. KIND OF BUSINESS OR INDU	USTRY ff. BIRTHPLACE (Slate of Virgini		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
Walte	er Foster	The same of the sa		uise Hundley	
	N U. S. ARMED FORCES es, give wor or dates of service		INFORMANT Mrs. Millard T	F.Traband Jr. (Same	as above()
PART I. DEATH	[Enter only one cause WAS CAUSED BY: MEDIATE CAUSE (a)	per line for (o), (b), and (c).] Coronary Occlusi	.on		INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, gave rise to imm cause (a), staling the	rediate (DUS TO	Arteriosclerotic	cardiovascula	r disease	10 years
PART II. OTHER PART II. OTHER 20a. ACCIDENT WAS U OR CONTRIBUTING U III FEITHER, NOTIFY ME) (c)	IONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PAR	T I(a) FP. WAS AUTOPS' PERFORMED? YES NO
	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE		ert I ar Part II af item 18.)	
20c. TIME OF INJURY		20d. INJURY OCCURRED While The Work To	LACE OF INJURY (Home, form, adem, street, office bldg., etc.)	20f. (City or town) ((County) (State
21. I certify that alive on 20 Ju		1. 11	occurred at 6:00 F	M, from the causes and on the DORESS (Street, city or lawn, state)	
PHYSICIAN'S Mill	ard T. Tral	band, Jr. M. D.	Baltimore,	7, Maryl	and
20. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	226. DATE THEREOF 7-21-59	22c. NAME OF CEMETERY C	OR CREMATORY - 2	nd. LOCATION'(City, town, or county) Foster. Virgini	(State)
3. FUNERAL DIRECTOR'S SI		ADDRESS		BY AGGISTRAR 1 246. REGISTRAR'S SK	100

AU EVLAND SIATE SEATTING OF THE AUTHORITY OF ALVE U. 145 1 AND THE PERSON OF THE PERSON O f ... (c Charle Man - St. Kall the contract of the contract o white the same of the same of A self of the last of the last

		Howard	ino-	MARYLANE	2. USUAL RESIDENCE (o. STATE Ma.:	Where deceased	lived. If instituti b. COUNTY	on: Residence before Howar	_
b. CITY	OR TOWN (If AL and give ne	outside corporate limit	s, write	c, LENGTH OF STAY IN 18	c. CITY OR TOWN (f outside corpor	ote limits, write R	URAL and give ne	arest town)
Rural		-		6 yrs.	X(Rural) V	Moodbin	9		
d. NAA OR	ME OF HOSPITA	At (If not in hospitol, gi		kdress)	d. STREET ADDRESS	Flore	nce Road		e. IS RESIDENCE ON A FARM? YES X NO
3. NAME DECEA (Type o	OF SED or print)	Firs ELS		Middle ED ITH	GIESKE	4. DATE OF DEATH	Mor		th. 1959
5. SEX		6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years		
Fe	emale		WIDOWED		June 26, 18	76	9. AGE (In years lost birthday) 83 yrs.	Months Days	Hours Min.
Da. USUA	AL OCCUPATIO	N (Give kind of work d	one 10b. K	IND OF BUSINESS OR INI	OUSTRY 11. BIRTHPLACE (SIG				OF WHAT COUN
ourin	HOUSEW:	ng life, even it refired)		Own home	Maryle	and		U.	S. A.
is. PATRE	-	rge Franke			14. MOTHER'S MAIDEN		L. Harm		
15. WAS E	DECEASED EVER	IN U. S. ARMED FORCE	ES? 16. St	OCIAL SECURITY NO. 17	INFORMANT		Add	ress	
No				None A	W. Gieske J:	r. Flore	ence Rd.	Woodbin	e, Md.
gove	PART I. DEAT 8 9, 2 additions, if on e rise to in e (a), stating to g couse lost.	mediote (Socilate Colleges stoles	vascular de	e ince	1 12 200	balile,	SET AND DEATH
NO.					UT NOT RELATED TO THE TER			/EN IN PART 1(o)	19. WAS AUTOPS PERFORMED? YES NO E
₹ 20g 4		CAUSE OF DEATH	soo. Deser	OCCOR	KED. (Ellier holdre of injury	iii ron i or ion	n or near ru.,		
20a. A OR CO	ONTRIBUTING HER, NOTIFY	AEDICAL EXAMINER							
₹ 20c. TI	ACCIDENT WAS ONTRIBUTING THER, NOTIFY I IME OF INJURY Hour a. m. p. m.		20d. INJ While of work	Not while	PLACE OF INJURY (Home, fo foctory, street, office bldg., a	irm, 20f. (City etc.)	or town)	(County)	(Stot
WEDICAL 20c. TI	Hour o.m. p.m. certify the	Month, Doy, Yea	While of work	Not while of work I fram. 2 - /	PLACE OF INJURY (Home, for foctory, street, office bldg., of the accurred at	7-2-1 M, from	1. 1959	that I last s	aw the decea
21. I alive	Hour o.m. p.m. certify the	Month, Day, Yea	While of work	Not while of work I fram. 2 - /	foctory, street, office bldg.,	7-2-1 M, from	1959 the causes of	that I last s	aw the decea

the section of the section of the section of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8033 CERTIFICATE OF DEATH filad with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Howard a. COUNTY Howard MARYLAND Marvland havrs after death. funeral b. CITY OR TOWN (If autside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) g RURAL and give nearest town) places Jessup Jessup d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS Jessups Road Jessup Road NAME OF 4. DATE First Middle Month filled nes 1 OF DEATH July Oscar Wilbert Pages [Type or print] Hammond 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) 54 yrs. 5. SEX B. DATE OF BIRTH Male Colored April 23.1905 WIDOWED [7] DIVORCED [cample 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of warking life, even if retired) Maryland and Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Edward Hammond Annie E. Johnson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Mrs. Ella Hammond Jessups Road. attending ease 1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] <u>a</u> PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO 60X requires that 5 Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underburial-transit premayal, and lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) certificate SD MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED

White __ Not while

Rea, Dist. No.

e. IS RESIDENCE ON A FARM?

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

U.S.A

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

3003366661

PERFORMED? YES NO

(State)

Days

(County)

Months

YES NO

Yeor

59 19

p. m. 17 al work	of work				
21. 1 certify that I offended the decease		735	7.		saw the deceased
ACTUAL SIGNATURE STATES PHYSICIAN'S NAME (Type)	Thes M.O. 82	/ A	DDRESS (Street, c	causes and an the ity or town, state)	DATE SIGNED
	77c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem		22d. LOCATION (City, town, or county)	(State) Md.
UNERAL DIRECTOR'S SIGNATURE	ADDRESS 578 W. Biddle St.		BY REGISTRAR	246. REGISTRAR'S SIGNA Challang & Floor	
	/				

factory, street, office bldg., etc.)

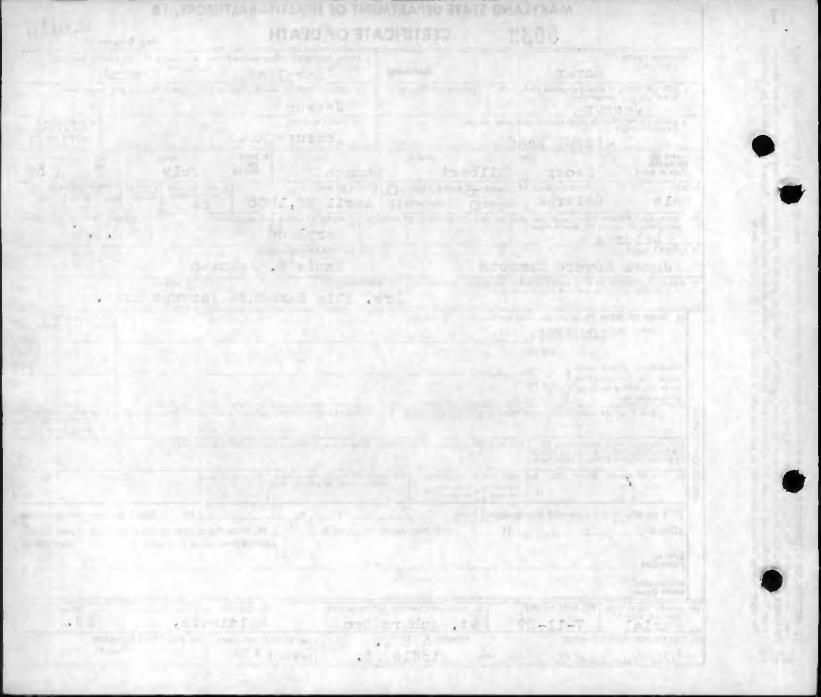
0 0 VS A15 (4) 15M 9/55

WECTOR:

90

020

22a



M

VS. A15ME(5) 5M 9/55

or remayal.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8034MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No

08017

PLACE OF DEATH					2. USUAL RESIDENCE	Where decease			nce before	admission)		
How	ard		MARYI	LAND	o. STATE Maryland b. COUNTY							
b. CITY OR TOWN (I	If outside corporate filmile, write n)	RURAL.	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN	If outside car	porate limits, write	RURAL and	give near	est town)		
Day			4 hours		Balt							
d. NAME OF HOSPIT	TAL OR INSTITUTION (I	f not in hosp	pital, give street address)	d. STREET ADDRESS				4.	IS RESIDENCE		
How	ard Road				2118 N.	Pulas	ki Stre	eet_	Y	ES NO 🔯		
3. NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mont	h	Day	Year		
(Type or print)	Lewis	_	Winfield		Johnson	DEATH	J \	ıly	27	19 59		
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8.	DATE OF BIRTH		P. AGE (In years last birthday)	IF UNDER		UNDER 24 HRS.		
Male	Col	WIDOWED	DIVORCED [ו כ	Dedember 1	.7, '93	65 yrs.		Doys Ho	ours Min.		
10a. USUAL OCCUPATI	ON (Give kind of wark d ng life, even if retired)	ane 10b. Ki	IND OF BUSINESS OR I	NDUSTI	Y 11. BIRTHPLACE (Stat	e ar fareign c	ountry)	12. CITI	ZEN OF W	HAT COUNTRY?		
Laborer		Ce	emetary		Maryl	and			U.S.	A.		
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME						
Joh	n E. Johns	son				Fann	y Burge	ess				
15. WAS DECEASED EV	/ER IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. IN	FORMANT		Address					
yes	WW I	21	.9109175	F	cances Joh	nson,	2118 1	I. Pu	lask	i, Balt		
18. CAUSE OF DEA	TH Enter only one cous	e per line f	or (a), (b), and (c).]						INTERVAL ONSET A	BETWEEN ND DEATH		
PART I. DEA	TH WAS CAUSED BY:	A	cute card	lia	c failure				ins	tant.		
420.1 DUE TO												
Canditians, if a		C	Coronary a	arte	ery occlus	sion			instant.			
gave rise to imme (a), stating the	diate couse											
couse last.	(c)_											
PART II. OT	HER SIGNIFICANT COND	HTIONS CO	NTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GI	VEN IN PAR				
SATI									YES	ERFORMED?		
PART II. OT	USE WAS 206	. DESCRIBE	HOW INJURY OCCUR	RED (Er	iter nature of injury in Pa	ort I or Port II	of item 18.)		- 1			
		204 In	NJURY OCCURRED 20	0 8167	E OF INJURY (Home, far	m, 120f. (City	ac town)	(Cou	antut	(state)		
Hour e.m.		While	Not while	facto	ry, street, office bldg., et	c.) Zve. (Cil)	or lown,	(Coc	isti 31	(21018)		
~	19	Et wor										
	hat I taok charge					The state of the s	nspection 6			and find that		
death resulted	from: Natural o	couses 🔀	, Accident [_],	Suic	ide [_], Hamicid	le ∐, Ui	ndetermined	cause [
ACTUAL /	VI. J. C	1.1.8	Tale 1	. 0					D.	ATE SIGNED		
SIGNATURE	was >	0,000	They p	مسزد	M.D. CHIEF MEDICAL	_						
EXAMINER'S	Charles S		*		ASSISTANT MEDI				7_2	7-59		
					DEPUTY MEDICAL				1-2			
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREON	(-9	22c. NAME OF CEMETE	RY OR (22d. LOCA	TION (City, town,	or county)	i	(State)		
Milla		211	13216	1	at		2a.Clo	/21	- 6.74			
23. FUNERAL DIRECTOR	CS SIGNATURE	, _	ADDRESS	1	(%)	L 3 0 5		ISTRAR'S SIG				
1100 V	1. 1. 1. 22	1 53	4/5 , 1/. (7	11/1	SURL DATE	" 2 0 D	7 L v	Chur S. 1	wante			



New Cathedra

ADDRESS

Directors

Baltimor

24g, REC'D BY REGISTRAR

DATE TIT

24b. REGISTRAR'S SIGNATURE

Cirting & Krack

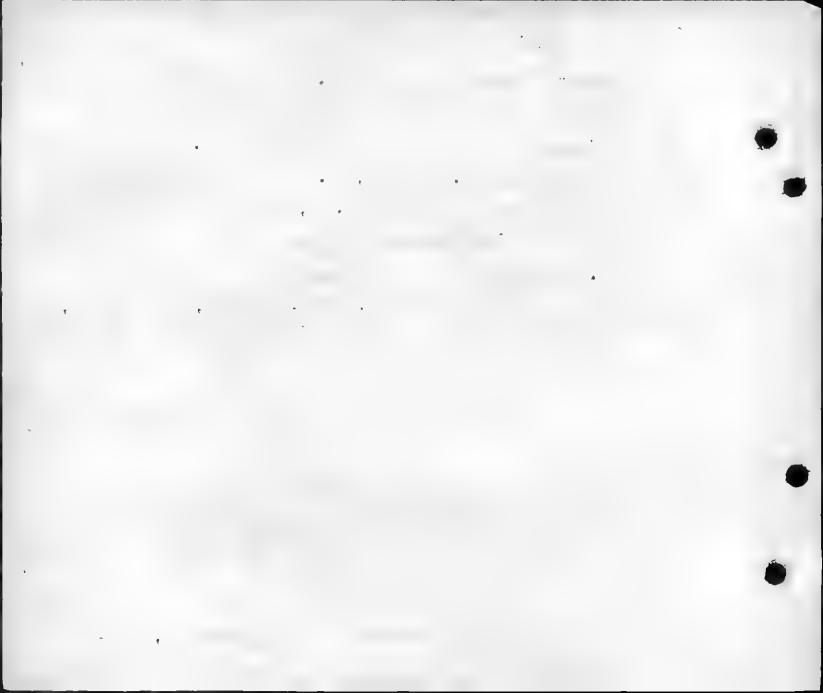
poge 0 VS A15 (4) 15M 10/57

er death.

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

*****(0) a (0 | 3 (0) a



VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8036 **CERTIFICATE OF DEATH** 18019 Reg. Dist. No.

	0000						Keg	, DISI. 140	•
PLACE OF DEATH o. COUNTY	loward		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Maryla		COUNTY	idence befo	
6. CITY OR TOWN RURAL ond give (Rural)	(If outside corporate limit nearest town) Ellicott C:		LENGTH OF STAY IN	И 16	e. CITY OR TOWN (IF or	utside corporate lim Ellicott		ond give ne	arest lawn)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, gr	ye street o	address)		d. STREET ADDRESS		•		IS RESIDENCE ON A FARM?
					· · · · · · · · · · · · · · · · · · ·	rd Drive			YES NO 🔀
3 NAME OF DECEASED (Type or print)	MARG.		Middle ELEAN	OR	Lost MILLER	4. DATE OF DEATH	Month 7	Do	-
s sex Female	1 TH. J.L.	7. MARR WIDOWE	DIVORCED		Mar. 27, 1916	, lost	(In years IFUN birthday) Moni 43 yrs		Hours Min
10g. USUAL OCCUPATION of working most of wo	rking life, even if retired)		kind of Business or etail Store	INDUS	try 11. Birthplace (State of Marylar	_	12	U. S.	WHAT COUNTRY
13, FATHER'S NAME					14. MOTHER'S MAIDEN N	AME			
F	rank Otten				Nora I	Deutsch			
15 WAS DECEASED EV	ER IN U. S. ARMED FORG	ES7 16.	SOCIAL SECURITY NO.	IB.	IFORMANT		Address		
No	(if yes, give was or oakes or se		5-05-9904	A.	R. Miller 22	Orchard	Dr. Ell	icott	City, Md
	immediate (DUE TO		pleial i	ti	cular Coll	rhege			2 hrs
PART I OI	_ / (c)	OITIONS C	CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONT	DITION GIVEN IN	PART 1(o) 1	PERFORMED?
(IF EITHER, NOTIF	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED	(Enter nature of injury in P	Part I ar Part II of it	em 18.)		ILS NO g
Y 20c. TIME OF INJU Hour o.m.	IRY Month, Doy, Yea	r 20d. IN While of work	Not while	PLA faci	CE OF INJURY (Home, form, tary, street, affice bldg., etc.	20f (City or tow	n)	(County)	(Stote
21. I certify alive an	hat attended the	decease _, 19_!	11.	-	accurred at 122 1	M. from the co	auses and an	I last say	w the decease e stated abave DATE SIGNE 7-27-5
PHYSICIAN'S NAME (Type)									
REMOVAL (Specify Burial	7/28/59	F	Good Shept		Cemetery		cott Cit	v. Md	
23 FUNERAL DIRECTOR	ston So	24	Address	svil	7- 1/4	8 8 REGISTRAR	246 REGISTRAR	S. SIGNATU	



delay is necessary, please exertal director. Page 4 shauld be ut fit. cremetion, lo-berial, ■■d be exmute within ■ hours after death.

pencil in Hem 18. Give Pages 1, 2, and 3 to the Heral dalang with farm PM3. Page 5 may be retained far your fifburial-transit permit., File pages 1 and 2 with the registrar

NAME OF DECEASED (Type or pri S. SEX

male 10a, USUAL O during most retir 13. FATHER'S Samue 15. WAS DECI

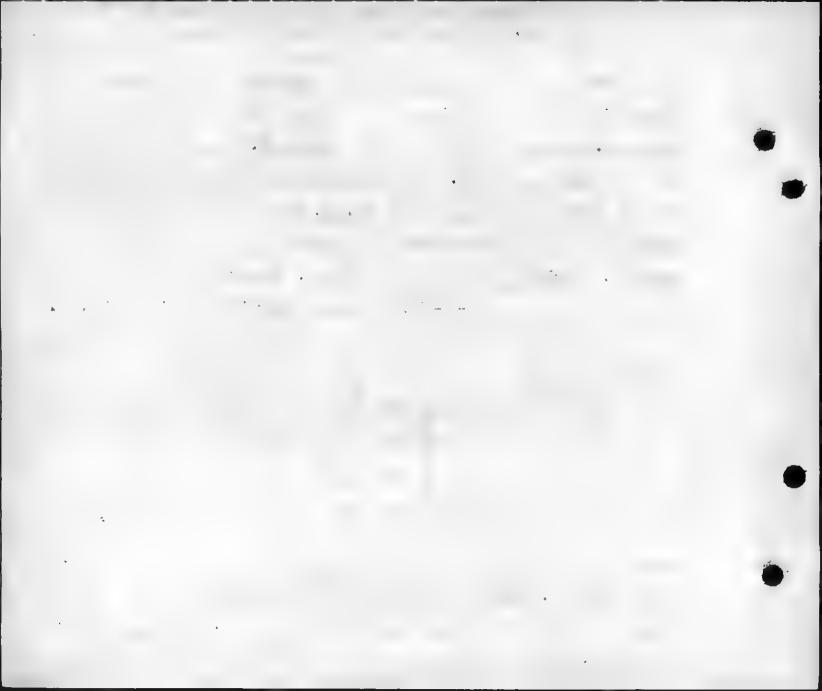
-50	-	U	7
40	-=	8	ì
- 5	Ę.,	王	Š
ម	c	Ö	3
=	ē	1/9	
12	6	-	-
s certificate shi	cute the cattificate, writing the ward "pending" in	č	TO BINKED TOPETOD. Page 3 charled he mand on a
w	Þ.	É	₹
	٧	0	-
	Ļ	£	Š
Ü	2	70	*
Z	ž	<u>ŏ</u>	~
5	200	g	8
eï.	č	š	Š
×	Ξ	-	٦,
LLI.	2	9	0
廾	-	6	2
3	Ē	4	ξ
õ	8	ř	H
124	W.		F
Σ	*		١
TO DEPUTY MEDICAL EXAMINES	4		
片	0	Ö	0
ಸ್ಟ	左	ō	ž
H		3	=
Page 1	3	ō	4
0	-		Ç
-			-
YS	. A	15/	W

		MARYL	AND ST	ATE DEPAR	TME	NT OF HEALT	H-BA	LTIMORE,	18			
		8037 MI	DICAL	EXAMIN	ER'S	CERTIFICA	TE OF	DEATH	Reg. [Dist. No	080	20_
	PLACE OF DEATH	and		MARY	ILAND	2. USUAR RESIDENCE	(Where deceo	red lived. If Institu b. COUNT			ore admi	nion)
Ŀ	c. CITY OR TOWN (If a		* RURAL	c. LENGTH OF STAY		c. CITY OR TOWN		porate limits, write			porest lov	rn)
E	llicott Ci	ty		life		Ellicoti	t City					
	I. NAME OF HOSPITA		lf not in hospi	tal, give street addres	16)	d. STREET ADDRESS					ON	SIDENCE A FARM?
_	Rogers Ave	Fir	-	Middle		Rogers	4. DATE	Month		Doy		NO M
-	DECEASED (Type or print)	Rov	" L	A STATE OF THE STA	P	adcliffe	OF DEATH	July	16	Doy		259
. 5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		DATE OF BIRTH	-	9. AGE (In years	IF UNDE	RIYEAR		R 24 HRS.
	male	white	WIDOWED		- I	ct. 16, 189	l.	67 yrs.	Months	Days	Hours	Ain.
Đạ	. USUAL OCCUPATIO	N (Give kind at wark	dane 10b. Kli	ND OF BUSINESS OR		RY 11. BIRTHPLACE (Slot			12. CI	TIZEN OF	WHAT	COUNTRY?
	retired	inte, even in tempoj	self	employed		Maryland						
3.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Samuel E.	Radelif		<u>.</u>		AddiEE.	Cassid	y				
	WAS DECEASED EVE	R IN U.S. ARMED FO (If yet, give war or dates of		OCIAL SECURITY NO.	17. IN	FORMANT		Address				•
_	no			7-09-8199	Mi	as Irene R	adclif	fe E111	cott	City	T, M	l
		H {Enter only one cou I WAS CAUSED BY:	se per line lo	ry(a), (b), and (c).]		20.0	~				YAL BETWE	fH.
	, 1	MMEDIATE CAUSE (6)		Mora	reg	guesu	sion			-/-	() V	ken.
	400	DUE TO			/							
	Canditions, if an gave rise to Immedi	ate cause								_		
	(a), stating the vi	nderlying DUE TO										
20		(c) ER SIGNIFICANT CON		TRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERM	WINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 15		LUTOPSY RMED?
3											ES 🔲	NO Z
CEKUL	200. EXTERNAL CAUS PRIMARY or CON' CAUSE OF DEATH.		b. DESCRIBE I	HOW INJURY OCCUR	RRED. (E	nter nature of injury in Po	ort 1 or Port 11	of item 1B.)				
went.	20c. TIME OF INJURY Hour a.m. p. m.	r Month, Day, Yer	20d. IN White of work	Not while		E OF INJURY (Home, for ry, street, affice bldg., et		y or lown)	(Co	iunty)		(State)
	21. I certify the	at I took charge			d abov	re, held an Autop	sy 🔲, !	nspection 7.	Inqui	ry 152	and f	ind that
		from: Natural				ide 🔲, Homicid	, <u> </u>	ndetermined o	7].		11.00 111901
		// /	7 - 1	1 . 1								

no IB. CAUSE PAF 400 Canditia gave rise (a), statir couse los MEDICAL CERTIFICATION PAF 20a. EXTER PRIMARY I CAUSE OF 20c. TIME How 21. I ce death r DATE SIGNED ACTUAL \ CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) Thomas 病 Herbert DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county) (State) 20-5 md Johns 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR DATEUL 2 0 '59

E(5) SM 9/55

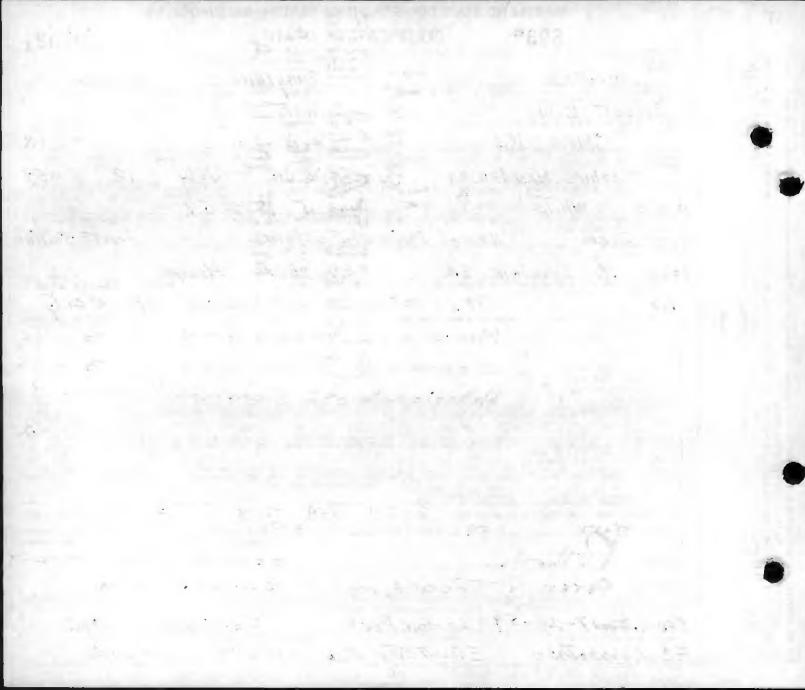
or remaval.



15M 9/58

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO DE Year Month 195 IF UNDER 1 YEAR IF UNDER 24 HRS Months Davs Hours 12. CITIZEN OF WHAT COUNTRY INTERVAL BETWEEN ONSET AND DEATH WKS RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO. (State) (County) ____ 19.5 9that I last saw the deceased and that death accurred at 3 YM, from the causes and an the date stated above. ADDRESS (Street, city ar town, state) DATE SIGNED -70-50 22d. LOCATION (City, town, or county) (Stote) 24b. REGISTRAR'S SIGNATURE arthur & Hrank DATE JUL 2 7 '59

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



a IS RESIDENCE ON A FARM?

INTERVAL RETWEEN ONSET AND DEATH

PERFORMED?

YES NO PO

(County)

Cirthur S. Kraus

DATEJUL 3 0 '59

(State)

DATE SIGNED

(State)

Day

YES NO DE

Year

1959

VS A15 (4)

15M 9/58

